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PRICE 2800

PTO/SB/21 (08-00)

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TRANSMITTAL FORM		Application Number		09/456,230			
(to be used for all correspondence after initial filing)		Filing Date		December 07, 1999			
		First Named Inventor		Wakayama, et al.			
		Group Art Unit		2816			
		Examiner Name		Quan Tra			
Total Number of Pages in This Submission		Ten		Attorney Docket Number		13438US01	
ENCLOSURES (check all that apply)							
<input checked="" type="checkbox"/> Fee Transmittal Form		<input type="checkbox"/> Assignment Papers (for an Application)		<input type="checkbox"/> After Allowance Communication to Group		<div>RECEIVED OCT 23 2003 TECHNOLOGY CENTER 2800</div>	
<input checked="" type="checkbox"/> Fee Attached		<input type="checkbox"/> Drawing(s) (sheets)		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input type="checkbox"/> Amendment/Reply		<input type="checkbox"/> Licensing-related Papers		<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
<input type="checkbox"/> After Final		<input type="checkbox"/> Petition		<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Petition to Convert to a Provisional Application		<input type="checkbox"/> Status Letter			
<input checked="" type="checkbox"/> Extension of Time Request		<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address		<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):			
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Terminal Disclaimer					
<input type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> Request for Refund					
<input type="checkbox"/> PTO 1449/08A with references		<input type="checkbox"/> CD Number of CD(s) _____					
<input type="checkbox"/> Certified Copy of Priority Document(s)							
<input type="checkbox"/> Response to Missing Parts/Incomplete Application							
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53							
Remarks		REQUEST FOR CONTINUED EXAMINATION; AND RETURN RECEIPT REPLY POSTCARD					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual Name		McAndrews Held & Malloy, Ltd.					
Name (Print/type)		Mirut P. Dalal, Esq.		Registration No. (Attorney/Agent)		44,052	
Signature						Date: October 20, 2003	
EXPRESS MAIL DEPOSIT							
"Express Mail" mailing label number : EV 164033769 US							
Date of Deposit : October 20, 2003							



PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision.		Complete if Known			
		Application Number	09/456,230		
		Filing Date	December 7, 1999		
		First Named Inventor	Wakayama		
		Examiner Name	Quan Tra		
		Group Art Unit	2816		
TOTAL AMOUNT OF PAYMENT		(\$)	1190.00	Attorney Docket No.	13438US01

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)		Fee Description	
1001 770 2001 385		Utility filing Fee		Fee Paid	
1002 340 2002 170		Design filing Fee			
1003 530 2003 265		Plant filing fee			
1004 770 2004 385		Reissue filing fee			
1005 160 2005 80		Provisional filing fee			
SUBTOTAL (1) (\$)					
2. EXTRA CLAIM FEES					
Total Claims		Extra Claims		Fee from below	
Independent Claims		- 20** =		x	
Multiple Dependent		- 3** =		x	
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)		Fee Description	
1202 18 2202 9		Claims in excess of 20			
1201 86 2201 43		Independent claims in excess of 3			
1203 290 2203 145		Multiple dependent claim, if not paid			
1204 86 2204 43		**Reissue independent claims over original patent			
1205 18 2205 9		**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)					
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3)		(\$1190.00)	

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Mirut Dalal	Registration No. (Attorney or Agent)	44,052	Telephone	(312) 775-8000
Signature		Date	10/20/03		

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